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## BIB DATA SHEET

CONFIRMATION NO. 6410

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/550,851	09/07/2007	709	2191	42P21031
<b>RULE</b>				
<b>APPLICANTS</b> Ying'an Deng, Shanghai, CHINA; Rui Jian, Shanghai, CHINA; Caidong Song, Shanghai, CHINA; Yuanhao Sun, Shanghai, CHINA; Zhi Wang, Shanghai, CHINA; <div style="border: 1px solid black; padding: 2px; display: inline-block;">Verified - CS</div>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CN04/01586 12/31/2004 <div style="border: 1px solid black; padding: 2px; display: inline-block;">Verified - CS</div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">None - CS</div>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/30/2008				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/CHARLES M SWIFT/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> CHINA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 25
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> INTEL/BSTZ BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP 1279 OAKMEAD PARKWAY SUNNYVALE, CA 94085-4040 UNITED STATES				
<b>TITLE</b> Remote Logging Mechanism				
<b>FILING FEE RECEIVED</b> 1480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>